

Bureau of Kidney Health Care

Application Instructions

- ▶ All blanks must be filled in. If question is not applicable, please write “NA”.
- ▶ This form must be submitted through a KHC participating facility. (See KHC Rules §61.1(c)(19) for definition of participating facility).
- ▶ Effective date of eligibility will be based upon the date that a completed application, along with all necessary supporting documentation, is received by Kidney Health Care.
- ▶ Applicants should understand that this application is a legal document and that by signing it under oath before a Notary Public he/she is stating that, all statements made in the KHC application are true and correct. If false statements have been made, it may be a crime punishable under the laws of the State of Texas.
- ▶ Please see the Kidney Health Care Rules, §61.2 (a) for Recipient Requirements, §61.3 for Residency and Residency Documentation Requirements and §61.4 for Application Requirements.
- ▶ For applications submitted electronically, the facility must maintain documentation (original, signed & notarized copy of application with supporting residency documents).

Notes

Address Information

- ▶ **Home Address:** The home address must be a physical address (street, road, highway, etc.), do not use PO Box.
- ▶ Be sure to indicate if the applicant lives in a Nursing Home.
- ▶ **Address Correspondence “In Care Of”:** If applicant receives mail via someone else.

Applicant Information

- ▶ To be eligible for KHC benefits, the applicant must physically reside in Texas and maintain a home or dwelling within the state.
- ▶ For all dates requested include the day, month and year.
- ▶ Citizenship Information is currently optional, but may be required in the future.
- ▶ **Preferred Language:** This is important because it will determine the language used in correspondence from KHC. If the applicant cannot read in either English or Spanish, indicate the language preference of the person who will be reading the applicant's correspondence.

Residency Documents

- ▶ An applicant who is currently a Texas resident and has been currently approved to receive Texas Medicaid benefits is not required to provide additional residency verification.
- ▶ If the applicant does not have Medicaid, indicate on the application which two documents from the acceptable Residency Documents list are enclosed.
- ▶ Residency Documents must be in the applicant's name.
- ▶ If the documents are in the name of the applicant's spouse, parent, adult son/daughter, managing conservator or legal guardian, then supporting documentation must be included that substantiates the relationship between the person named in the documents and the applicant.

Facility Information

- ▶ **RTM:** (Round Trip Mileage) This is the distance from the applicant's place of residence to their current dialysis facility, and their return. Actual miles should be reported, however, the RTM of applicants who travel across city limits to receive dialysis treatment will be computed by KHC using the Texas State Comptroller's Mileage Guide.

- ▶ **Name of Person Preparing the Application:** This is the facility staff person who is filling out the application.

Financial/Tax Information

- ▶ **Adjusted Gross Income:** This includes the income of any and all people who have a legal obligation to support the applicant, and all income reported as “joint income”.
- ▶ **Responsible Person:** Someone other than the applicant who is responsible for the debts of the applicant.

Medicare/Medicaid

- ▶ If the applicant does not currently have Medicaid, the facility must screen the applicant to see if he/she may be eligible for any Medicaid benefits or programs (including QMB & SLMB).
- ▶ Based upon the screening, the social worker (or assistant) must either
 - Give the applicant information about applying for Medicaid, or
 - Explain why the applicant will not be eligible for any Medicaid at this time.
- ▶ **Date Referred to SSA/DHS:** If potentially eligible, please give the date that the applicant was referred to SSA or DHS to begin the process of qualifying for Medicaid.

Insurance Information

- ▶ Please include all insurance and health policy information.
- ▶ If there is more than one type of policy, submit the required information on an attached sheet.

Statement of Assurances

- ▶ Please ensure that the applicant understands each item in this section.

Signature

- ▶ The applicant must sign for him-/herself, unless unable to write his/her name. In this case, please have applicant make an “X” in the presence of the Notary Public.

If you have any questions about eligibility or completing this application, please contact Kidney Health Care's Customer Service Section at 512-794-5185 or 800-222-3986.